	Effective October 1, 2000 884.414(LS)											
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL EI		OR	OTHER SMALL	THAN
TOTAL CLAIMS			37					RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	355.0	00 OR	BASIC FEE	·710.00
TOTAL CHARGEABLE CLAIMS			32 minus 20=		. 12			X\$ 9=		OR	X\$18=	216
INDEPENDENT CLAIMS			7 minus 3 =		41			X40=		OR	X80=	320
MULTIPLE DEPENDENT CLAIM P			RESENT					+135=		OR	+270=	) <del>[</del> [
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL		OR	TOTAL	1246
CLAIMS AS AMENDED - PART II											OTHER	THAN
O	1101	(Column 1) CLAIMS	i i i i i j	(Colur		(Column 3)	ı	SMALL	ADD		-SMALL I	ADDI-
NT A		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	DUSLY	PRESENT EXTRA		RATE	TION	AL	RATE	TIONAL FEE
AMENDMENT	Total	· 162	Minus	-3	7			X\$ 9=	1	Z or	X\$18=	P
3	Independent	<u>. ೨</u>	Minus	***		=		, X40=	1	OR	X60≠	
	FIRST PRESE	NTATION OF M	ULTIPLE DEP	ENDEN	CLAIM			+135=		OR	+270=	
								TOTAL.	1	400	TOTAL ADDIT. FEE	
2:	10:05	/ (Caluman 4)	•	/Catu	ma 2)	(Column 3)		ADDIT. FEE	<b></b>		AUDIT. FEE	
AMENDMENT 8		(Column 1) CLAIMS REMAINING		(Colu HIGI NUM	IEST BER	PRESENT		RATE	ADD TION		RATE	ADDI- TIONAL
		AFTER AMENDMENT		PAID	FOR	EXTRA	$ \cdot $	MAIL	FEE		MAIL	FEE
	Total	· 8	Minus	0	$\frac{\mathcal{L}}{\mathcal{L}}$	-		X\$ 9=		9#	X\$18=	
AME	Independent	NTATION OF M	Minus	ENDEN	CAIM	-		X40=	·	<b>∠</b> OR	X80=	
	rinoi Phese	NIARON OF M	OLITE UCF	LIVER	(	<del></del>	٤	+135=		OR	<i>4</i> 270 <b>≖</b>	
				٠			•	TOTAL ADUIT. FEE		<b>Д</b> бя	ADDIT. FEE	
		(Column 1)	·	(Colu	mn 2)	(Column 3)				/		
AMENDMENT C		CLAIMS REMAINING AFTER		NUN PREVI	IEST BER OUSLY FOR	PRESENT EXTRA		RATE	ADD TION	AL	RATE	ADDI- TIONAL FEE
	Total	• AMENDMENT	Minus	**	<u>, , , , , , , , , , , , , , , , , , , </u>	=		X\$ 9≈	, -	OR	X\$18=	
	Independent	•	Minus	***		*		X40=	-		Ven	
4	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						]		<b></b>			
	**************************************							÷135=		OR	+270=	
If the entry in column 1 is less than the entry in column 2, write "0" in column 3. YOT "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT FE										OR	TOTAL	
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20.  ADDIT. FEE  The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												

Application or Docket Number